

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10767521  
APPLICANT(S)

FILING DATE

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1						31
2						32
3						33
4						34
5						35
6						36
7						37
8						38
9						39
10						40
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49						
50						
TOTAL IND.	3	3				TOTAL IND.
TOTAL DEP.	11	11				TOTAL DEP.
TOTAL CLAIMS	14	14				TOTAL CLAIMS